

UNITED STATES DISTRICT COURT
 for the
Eastern District of Pennsylvania

JAMES FRANCIS, JOSEPH SEARLES, DARRELL
 COLBERT, REATHA BROWN, INDIVIDUALLY AND
 AS THE REPRESENTATIVE OF THE ESTATE OF
 AARON BROWN, JR., MICHAEL DUMAS, WILLIE
 ELLISON, ANTHONY GUILLOGY, DERRICK
 HARRIS, FULTON JOHNSON, VICTOR JONES, RYAN
 MCCOY, GERALD MCNEIL, RANCE OLISON, JIMMY
 ROBINSON, GLENELL SANDERS, THOMAS
 SANDERS, MATTHEW SINCLAIR, RICHARD
 SOWELLS, EDWIN WEATHERSPOON, KEITH
 WOODSIDE, MILTON WYNN

Plaintiff(s)

v.

Civil Action No. 2:12-cv-06671

NFL PROPERTIES, LLC, as successor in interest to
 NATIONAL FOOTBALL LEAGUE PROPERTIES,
 INC.

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

*NFL Properties, LLC
 280 Park Avenue
 15th Floor
 New York, NY 10017*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

MICKEY WASHINGTON
 5020 MONTROSE BLVD., SUITE 77006
 HOUSTON, TX 77006

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 1/14/2014

Tom Depsey

Signature of Clerk or Deputy Clerk

Civil Action No. 12-6671

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* NFL Properties LLC
 was received by me on *(date)* 2/4/14.

I personally served the summons on the individual at *(place)* _____
 on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
 , a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: Delivered By Certified Mail to NFL Properties LLC
at 111 Eighth Ave New York NY 10017 on 2/10/14

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 2/17/14

Susan Wnytje
Server's signature

Susan Wnytje Process Server
Printed name and title

306 Williamsport St. Leavenworth
Server's address

TX77573

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY							
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) John Doe</p> <p>C. Date of Delivery 4-20-04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 4-20-04</p> <p>NYCOP City Water</p>							
<p>1. Article Addressed to: 400 Corp NFL Properties LLC 111 Eighth Ave New York NY 10017</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table>		<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail								
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise								
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.								
<p>2. Article Number (Transfer from) 7011 2970 0000</p>		<p>4. Restricted Delivery (extra Fee) <input type="checkbox"/> Yes</p>							

PS Form 3811, February 2004 Domestic Return Receipt **Francis** 102595-02-M-1540